

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 08/06/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505521	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  08/06/2013
NAME OF PROVIDER OR SUPPLIER <b>KINDRED SEATTLE - NORTHGATE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>10631 8TH AVE NE SEATTLE, WA 98125</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 28239</p> <p>This report is a result of an unannounced Fire and Life Safety re-certification survey conducted on 08/06/2013 at Kindred Hospital SAU Northgate located at 10631 8th Ave. NE., Seattle, WA by a representative of the Washington State Fire Marshal. This inspection was conducted in cooperation with the Survey Team from the Washington State Department of Health and Human Services (DSHS).</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This facility is a 3 story Type I (332) Construction with a fully sprinkled basement (storage and mechanical spaces). The SNF is located on the first floor only. The commercial kitchen and administration offices are located on the first floor as well. The second and third floor are under the hospital license. Exiting from the upper two stories and basement is through 2-hour rated stair enclosures, the main floor exits directly to grade level. The census today is 22 with a capacity for 30. The building is protected throughout by a Type 13 Automatic Fire Sprinkler System and an Automatic Fire Alarm System with corridor smoke detection as well as smoke detection in the patient rooms of the SNF. There are manual pull stations located at the exits and nurses' station.</p> <p>No deficiencies were cited as for this survey. The facility is found to be in compliance with 42 CFR Part 483, "Requirements for Long Term Care Facilities."</p> <p>The Surveyor was:</p> <p>_____</p>	K 000	<p><b>RECEIVED</b> SEP 25 2013 FIRE PROTECTION BUREAU</p> <p><b>RECEIVED</b> SEP 05 2013 FIRE PROTECTION BUREAU</p> <p><b>RECEIVED</b> AUG 14 2013 FIRE PROTECTION BUREAU</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE


TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 08/06/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505521</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - <b>MAIN BUILDING 01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/06/2013</b>
NAME OF PROVIDER OR SUPPLIER <b>KINDRED SEATTLE - NORTHGATE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>10631 8TH AVE NE SEATTLE, WA 98125</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	Continued From page 1 Deputy State Fire Marshal Life Safety Code Inspector 28239  The Surveyor was from: Washington State Patrol Fire Protection Bureau 2803 156th Ave SE Bellevue, WA. 98007 Telephone: (425) 401-7731 FAX: (425) 401-7842   [Redacted] DSFM 28239	K 000			

RECEIVED  
SEP 25 2013  
FIRE PROTECTION  
BUREAU

RECEIVED  
AUG 14 2013  
FIRE PROTECTION  
BUREAU